

INFORMATIONAL LETTER

No. 51

May 1988

TO: ALL INSURANCE COMPANIES LICENSED IN WEST VIRGINIA  
TO SELL CREDIT LIFE AND CREDIT ACCIDENT & SICKNESS  
INSURANCE AND OTHER INTERESTED PARTIES

RE: Licensing of Credit Life and Credit Accident & Sickness Agents

[The provisions of this letter have been affected by Senate Bill 143 (1991)  
See Informational Letter 85.]

The West Virginia Insurance Commissioner has established a new license to be issued to individuals selling credit life and credit accident & sickness coverage through automobile dealerships, financial institutions, or any other businesses where credit life and credit accident & sickness insurance is offered in connection with the products offered by these facilities.

This limited lines license will be required of one individual in each facility who will supervise the activities of personnel who solicit, negotiate, make or procure the credit insurance offered by your company through the facility.

Due to the limited nature of this license, these individuals will not be required to sit for the current licensing examination. Individuals applying for this license will, however, be required to satisfy all other provisions of the West Virginia Code.

Individuals currently holding an agents license for Life and Accident & Sickness will not be required to obtain the limited lines license since these powers include credit insurance.

The insurance companies underwriting the coverages being sold will be responsible for appointing the individuals who are applying for the limited lines license or who are currently licensed as Life, Accident & Sickness agents.

The effective date of the new licensing category will be July 1, 1988.

Attached are instructions and the application form. Additional forms or information may be obtained by contacting the Agent Licensing Section of this office at 2101 Washington Street, East, Charleston, WV 25305. (Telephone 304 348-0610)

FRED E. WRIGHT  
Insurance Commissioner  
State of West Virginia

Licensing Instructions  
Credit Life and Credit Accident & Sickness

I APPLICATION

A. New Agent: Resident or Non-Resident

Form CLA-1 (5/88):

Part I -- Completed by applicant with notarized signature. Out-of-state notaries MUST affix seal.

Part II -- Completed by an Appointing Official of the sponsoring company.

Resident applicants who have ever been licensed in any other state(s) must obtain Clearance Letter from the state(s) insurance department and submit same with the application.

Non-Resident applicants must be licensed in their state of domicile for the same lines for which they are making application. Letter of Certification from that states insurance department must accompany the application.

B. AGENT CURRENTLY LICENSED FOR LIFE, ACCIDENT & SICKNESS

An individual who holds an active regular Resident or Non-Resident Agents license does not need to apply for the limited lines license. The sponsoring insurance company need only to appoint the individual.

Resident Agent -- Form RNS-6

Non-Resident Agent -- Form AL-1 and Letter of Certification

II ACKNOWLEDGMENT OF LICENSE

Upon issuance of a license, acknowledgment will be mailed to the sponsoring insurance company. A self-addressed envelope must be submitted with any form. The actual license will be mailed directly to the Agents home mailing address within four (4) weeks.

III FEES

Resident \$25.00

Non-Resident \$25.00 minimum-retaliatory

Make checks payable to: West Virginia Insurance Commissioner

#### IV TERMINATION OF AGENT APPOINTMENTS

The company may terminate any residents or non-residents appointment on Form RNS-6. Termination will be processed and the yellow copy will be acknowledged and returned to the company. A self-addressed envelope must be provided.

#### V RENEWALS

All licenses expire annually on May 31st. The insurance companies will be provided with a computer print-out of all agents and instructions for renewing the agents prior to May 31st each year.

#### VI INSURANCE LAWS

The insurance company is responsible with providing all applicants with copies of West Virginia Regulation, Series 6-1971, Regulation of Credit Life Insurance and Credit Accident & Sickness Insurance and all articles and sections of the West Virginia Code of 1931 mentioned in the Regulation.

Mail completed applications and send requests for forms to:

West Virginia Insurance Commissioner  
Agent Licensing  
2101 Washington St., E. -- Room 250  
Charleston, WV 25305

Telephone (304) 348-0610

STATE OF WEST VIRGINIA  
**INSURANCE DEPARTMENT**  
APPLICATION FOR AGENT'S LICENSE

Company's WV I.D. # (10 digits): \_\_\_\_\_

**For Department Use Only**

**Limited to Credit Life – Credit Accident & Sickness**

LICENSE #:	_____
EFFECTIVE DATE:	_____
POWERS:	Credit Life/Credit A & S

**PART I**      ☐ Resident      ☐ Non-Resident

Are you now licensed as a resident agent in this or any other state?    YES ☐    NO ☐

(IF YES, SHOW TYPE OF LICENSE, NUMBER, STATE AND YEARS HELD)

You are applying for a limited license to conduct the business of Credit Life and Credit Accident & Sickness insurance in the State of West Virginia. If this limited license is granted, you will be empowered only to conduct this insurance activity.

If this limited license is granted, you will fall under the jurisdiction of the West Virginia Insurance Commissioner whose powers and duties are stated in Chapter 33 of the West Virginia Code.

**DEFINITIONS**

**Credit Life** -- Insurance on the life of a debtor pursuant to or in connection with a specific loan or other credit transaction.

**Credit Accident & Sickness** -- Insurance on a debtor to provide indemnity for payments becoming due on a specific loan OR credit transaction while the debtor is disabled as defined in the policy. Accident & Sickness may also include loss of income insurance is insurance against the failure of a debtor to pay his or her monthly obligation due to involuntary loss of employment.

**(PRINT IN INK OR TYPE)**

1. Full legal name \_\_\_\_\_  
FIRST MIDDLE LAST

2. Date of Birth: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
MONTH DAY YEAR

3. Social Security # \_\_\_\_\_.

4. Residence Address \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP

5. a. Business Name: \_\_\_\_\_

b. Business Address: \_\_\_\_\_

c. Position: \_\_\_\_\_

6. Places of residence for past five years:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**7. FULL RECORD OF EMPLOYMENT (USE SEPARATE SHEET IF NECESSARY)**

BY WHOM EMPLOYED (NAME AND ADDRESS) SHOW LAST EMPLOYMENT FIRST	DATE		REASON FOR LEAVING EMPLOYMENT
	FROM MONTH & YEAR & YEAR	TO MONTH	

8. Has a license applied for by you ever been refused, suspended or revoked by the insurance Department of this or any other State?    ☐ YES    ☐ NO

If Yes, give particulars \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been charged with financial irregularities, or are you indebted to any company or agency for any over due and unpaid money?    ☐ YES    ☐ NO

If Yes, give particulars \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been indicted for, or convicted of a crime?    ☐ YES    ☐ NO

If Yes, give particulars \_\_\_\_\_  
\_\_\_\_\_

11. Have you had any previous experience in insurance?      ☐ YES      ☐ NO  
If Yes, explain. \_\_\_\_\_  
\_\_\_\_\_

12. Name of immediate superior or supervisor: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

13. Address of immediate supervisor: \_\_\_\_\_  
I certify that the insurance company named in Part II of this application has furnished me with copies of the West Virginia Laws and Regulations pertaining to Credit Life and Credit Accident & Sickness and that I have read, understand and agree to abide by the same.

I further understand that I will be responsible for supervising the credit insurance activities of personnel who solicit, negotiate, make or procure such coverages at the business named in Item #5 in this application.

14. Applicants handwritten signature: \_\_\_\_\_

15. Applicants legal residence address: \_\_\_\_\_

16. State of \_\_\_\_\_, County of \_\_\_\_\_  
\_\_\_\_\_ whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his knowledge and belief.

Taken, sworn to and subscribed before me this day of \_\_\_\_\_, 19 \_\_\_\_\_.  
(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**PART II    TO BE COMPLETED BY THE INSURANCE COMPANY    COMPANY I.D. #:**

17. The \_\_\_\_\_  
FULL NAME OF COMPANY

18. Hereby appoints \_\_\_\_\_  
NAME OF APPOINTEE

\_\_\_\_\_  
RESIDENCE ADDRESS  
19. \_\_\_\_\_ Resident Agent for CREDIT LIFE and CREDIT ACCIDENT & SICKNESS  
AS A: \_\_\_\_\_ Non-Resident Agent for CREDIT LIFE and CREDIT ACCIDENT & SICKNESS

The company certifies that a credit and character investigation of the appointee has been made.  
The company further certifies that the above named appointee, prior to application for license, has received copies of West Virginia Regulation, Series 6-1971, Regulation of Credit Life Insurance and Credit Accident & Sickness Insurance and all articles and sections of the West Virginia Code of 1931 mentioned in the Regulation.

20. Has the applicant ever been licensed as an Insurance Agent, Broker or Solicitor by this or any other state? \_\_\_\_\_

TYPE	NUMBER	STATE	YEAR LICENSED
<b>This application must be accompanied by:</b>		21. _____	
\$25.00 License Fee (Paid by the Company)		APPOINTING OFFICIAL	
Clearance Letter, if applicable (Resident Applicants Only)		TITLE	
Letter of Certification (Non-Resident Applicants Only)		DATE	
Self-Addressed Return Envelope			

**Send to:**  
West Virginia Insurance Commissioner  
Agent Licensing  
2101 Washington Street, E. – Room 250  
Charleston, WV 25305

**A License will be mailed directly to the Licensee.**

<b>FOR DEPARTMENT USE ONLY</b>	
Check Number	_____
Date	_____
Amount	_____